## **2002 MICHIGAN Qualified Adoption Expenses**

Issued under authority of P.A. 393 of 2000. Filing is voluntary.

Attach to Form MI-1040. Please type or print clearly in blue or black ink.  Filer's First Name, Middle Initial and Last Name					Attachment Sequence No. 1  Filer's Social Security Number		
If a Joint Return, Spouse's First Name, Middle Initial and Last Name				Spouse's	Spouse's Social Security Number		
	ust complete form U.S. 8839, Qualifie completed U.S. 8839 to receive a Mi		enses, prior to co	mpleting this form	n. You must a	attach a copy	
	1: INFORMATION ABOUT YOUR E						
	A. Child's Name  B. Child's Year of Birth  C. Child's Identifying Number 1.		lentifying Number	D. Qualified Expense for Each Child			
▶ 1.		•	•		<b>&gt;</b> \$	.00	
<b>2</b> .		•	•		<b>&gt;</b> \$	.00	
▶ 3.		<b>&gt;</b>	<b>•</b>		<b>&gt;</b> \$	.00	
<b>)</b> 4.		<b>•</b>	•		<b>&gt;</b> \$	.00	
5. Total qualified expenses. Enter total of Column D					<b>&gt;</b> \$	.00	
PART 2	2: ADOPTION CREDIT						
		Г					
6. Ente	er total number of eligible children from	n Part 1					
7. Enter amount from line 12 of U.S. 8839				<b>&gt;</b>	7. \$	.00	
8. Subtract line 7 from line 5. If line 7 is larger than line 5, enter zero				<b></b>	8. \$	.00	
<b>9.</b> Multiply line 6 by \$1,200				<b></b>	9. \$	.00	